

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Dental Association Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW
Suite 1100
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000729
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr Dennis Zent

Signature of Treasurer Electronically Filed by Dr Dennis Zent Date 09 08 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

In response to an RFP letter dated 8/25/10, we mistakenly put our internal comments in the report description field. Those fields have been corrected and no longer show on our Schedule B.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		189539.35
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	139155.67									
(c) Total Receipts (from Line 19)	8016.80	736522.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	147172.47	926061.35								
7. Total Disbursements (from Line 31)	54324.68	833213.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92847.79	92847.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2250.00	39470.00
(ii) Unitemized	5219.00	615974.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7469.00	655444.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7469.00	655444.76
12. Transfers From Affiliated/Other Party Committees	532.42	69002.83
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	199.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	11625.00
17. Other Federal Receipts (Dividends, Interest, etc.)	15.38	249.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8016.80	736522.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8016.80	736522.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	324.68	1524.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	324.68	1524.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	726100.00
24. Independent Expenditure (use Schedule E)	0.00	105295.51
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	294.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54324.68	833213.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54324.68	833213.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7469.00	655444.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7469.00	655444.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	324.68	1524.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	199.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	324.68	1324.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr James F Ripley

Mailing Address 1711 Clifton Ct

City State Zip Code
Casper WY 82609-3379

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: 9281480

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Dr Jay Ralph Wells, III

Mailing Address 2510 Applegate Ave

City State Zip Code
Bethel Park PA 15102-2702

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 9316748

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Nancy Wells

Mailing Address 2510 Appelgate Road

City State Zip Code
Bethel Park PA 15102

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation retired dental hygienist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 9316749

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) California Dental PAC		Date of Receipt	
Mailing Address PO Box 13749		M M / D D / Y Y Y Y 07 / 16 / 2010	
City	State	Zip Code	Transaction ID: 9281481
Sacramento	CA	95853	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		532.42	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	15195.83		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	532.42
TOTAL This Period (last page this line number only)	532.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt	
	Mailing Address 1500 Vermont Ave Nw		M M / D D / Y Y Y Y 07 / 30 / 2010	
	City	State	Zip Code	Transaction ID: 9376718
	Washington	DC	20005	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		15.38	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.46		

SUBTOTAL of Receipts This Page (optional)	15.38
TOTAL This Period (last page this line number only)	15.38

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Portman For Senate Committee</p> <p>Mailing Address 8331 Little Harbor Drive</p> <p>City Cincinnati State OH Zip Code 45244</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9227440</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Portman For Senate Committee</p> <p>Mailing Address 8331 Little Harbor Drive</p> <p>City Cincinnati State OH Zip Code 45244</p> <p>Purpose of Disbursement Void - Portman For Senate Committee--</p> <p>Candidate Name Mr. Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9227441</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Portman For Senate Committee--</p>
<p>C. Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign</p> <p>Mailing Address 1519 Washington Street Second Floor, Suite 200</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 28</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9230249</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Ms. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9231150</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Nodler for Congress</p> <p>Mailing Address PO Box 3838</p> <p>City Joplin State MO Zip Code 64803</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9237006</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kissell For Congress</p> <p>Mailing Address P.O. Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9237019</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>candidate contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9237022 Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Void - Allyson Schwartz For Congress -</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9237059 Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Void - Allyson Schwartz For Congress -</p>
<p>C. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9237060 Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 9251686 Date of Disbursement 07 / 08 / 2010
	Mailing Address P O Box 521048 Suite A	Amount of Each Disbursement this Period 2000.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement candidate contribution Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

B.	Full Name (Last, First, Middle Initial) GOALPAC	Transaction ID: 9251688 Date of Disbursement 07 / 08 / 2010
	Mailing Address PO Box 30344	Amount of Each Disbursement this Period 2500.00
	City Bethesda State MD Zip Code 20824	
	Purpose of Disbursement Leadership PAC contribution Candidate Name GOALPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Leadership PAC contributi- on

C.	Full Name (Last, First, Middle Initial) Raj Goyle For Congress, Inc.	Transaction ID: 9271230 Date of Disbursement 07 / 12 / 2010
	Mailing Address P.O. Box 780971	Amount of Each Disbursement this Period 1500.00
	City Wichita State KS Zip Code 67278	
	Purpose of Disbursement candidate contribution Candidate Name Raj Goyle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Courtney For Congress	Transaction ID: 9274890 Date of Disbursement 07 / 14 / 2010
	Mailing Address 38 Risley Road	Amount of Each Disbursement this Period -2500.00
	City Vernon State CT Zip Code 06066	
	Purpose of Disbursement Void - Courtney For Congress	011 Category/ Type
	Candidate Name Rep. Joseph D. Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Courtney For Congress

B.	Full Name (Last, First, Middle Initial) Courtney For Congress	Transaction ID: 9275932 Date of Disbursement 07 / 14 / 2010
	Mailing Address 38 Risley Road	Amount of Each Disbursement this Period 2500.00
	City Vernon State CT Zip Code 06066	
	Purpose of Disbursement candidate contribution	011 Category/ Type
	Candidate Name Rep. Joseph D. Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		candidate contribution

C.	Full Name (Last, First, Middle Initial) Jason Allen For Congress	Transaction ID: 9275936 Date of Disbursement 07 / 14 / 2010
	Mailing Address 5265 Old Stagecoach Drive	Amount of Each Disbursement this Period 500.00
	City Alanson State MI Zip Code 49706	
	Purpose of Disbursement candidate contribution	011 Category/ Type
	Candidate Name Mr. Jason Allen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		candidate contribution

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Mcdowell For Congress</p> <p>Mailing Address P.O. Box 913</p> <p>City Sault Ste. Marie State MI Zip Code 49783</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Gary McDowell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9275940</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>candidate contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9283586</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9283589</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>candidate contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Stutzman For Congress	Transaction ID: 9284051 Date of Disbursement 07 / 21 / 2010
	Mailing Address 0250 W 600 N	Amount of Each Disbursement this Period 4000.00
	City Howe State IN Zip Code 46746	
	Purpose of Disbursement candidate contribution Candidate Name Mr. Marlin Stutzman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

B.	Full Name (Last, First, Middle Initial) Klein for Congress	Transaction ID: 9315045 Date of Disbursement 07 / 27 / 2010
	Mailing Address 21301 Powerline Road, #20	Amount of Each Disbursement this Period 1000.00
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement candidate contribution Candidate Name Rep. Ron Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

C.	Full Name (Last, First, Middle Initial) PETE PAC	Transaction ID: 9315047 Date of Disbursement 07 / 27 / 2010
	Mailing Address 7804 Evening Lane	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22306	
	Purpose of Disbursement leadership PAC contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	leadership PAC contributi- on
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Simpson For Congress Mailing Address 1487 Parkway Drive City Blackfoot State ID Zip Code 83221 Purpose of Disbursement candidate contribution Candidate Name Rep. Michael K. Simpson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9315048 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00 candidate contribution

B. Full Name (Last, First, Middle Initial) Rob Woodall For Congress Mailing Address Post Office Box 1871 City Lawrenceville State GA Zip Code 30046 Purpose of Disbursement candidate contribution Candidate Name Mr. Rob Woodall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9315049 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00 candidate contribution

C. Full Name (Last, First, Middle Initial) Gardner For Congress Mailing Address PO Box 2408 City Loveland State CO Zip Code 80539 Purpose of Disbursement candidate contribution Candidate Name Cory Gardner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9315302 Date of Disbursement 07 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00 candidate contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Rhode Island Hope PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement leadership PAC contribution</p> <p>Candidate Name Rhode Island Hope PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9315345 Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>leadership PAC contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Ranger PAC</p> <p>Mailing Address PO Box 2485 Springfield, VA 22152</p> <p>City State Zip Code</p> <p>Purpose of Disbursement leadership PAC contribution</p> <p>Candidate Name Ranger PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9315359 Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>leadership PAC contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee</p> <p>Mailing Address P.O. Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9315360 Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Boozman For Arkansas

Mailing Address 322 North Bloomington Suite A-B

City Lowell State AR Zip Code 72745

Purpose of Disbursement
candidate contribution

Candidate Name
Mr. John Boozman

Office Sought: House
 Senate
 President

State: AR District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 9315361

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

candidate contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

TOTAL This Period (last page this line number only) ▶

54000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 9376720

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

324.68

SUBTOTAL of Disbursements This Page (optional) ▶

324.68

TOTAL This Period (last page this line number only) ▶

324.68